



Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com/en



Editorial

Abecedarium: Who am I? M'...

My dear colleagues,

I was born a Pole, on May 16, 1850, in Czernowitz now the Ukrainian town of Chernivtsi, not far from the Romanian border. My family had been local aristocrats since the 17th century. My mother, Emilia, was from Prussia. My father, Andreas, was a Polish architect. My brother would go on to become a general in the Austrian army. For myself, when asked my nationality I would answer “Surgeon”.

I went to Vienna, the capital of the Austro-Hungarian Empire, a patchwork of nationalities ruled over by the Emperor Frantz Joseph, to study medicine – against the wishes of my father, who dreamed of me being a lawyer. So upset was he by my choice that he refused me all financial help and, to pay my way during my studies, I gave piano lessons and acted as a church organist from 5 to 8 every morning. One of my best friends was a musician by the name of Johannes Brahms...

With my MD under my belt, in 1875, I joined the Vienna surgery department under Theodor Billroth, where there were two full-time assistants and twelve volunteer physicians, all there to learn about surgery. What you would call this “state-of-the-art” department gave prime importance to pathologic examination of surgical specimens, and I attracted the attention of my “boss” with my acute observations in a microscopic study of a rhinoscleroma of which I was able to demonstrate the inflammatory origin. Three years later, I was myself an assistant and in 1879, Billroth sent me on a five-month Grand Tour to practice my skills with the finest German, French and British surgery teams of the time. On my return to Vienna in 1880, I invented the esogastroscope. My relationship with my mentor could not have been going better, but when, that same year, I married my beloved Henriette, my career veered off at an angle. In the Austrian medical world of the time, a married man could not be a university assistant! We therefore moved to Krakow, Königsberg, before finally Breslau in 1890. On my arrival, the surgery centre buildings were not yet finished. I was able to create the most up-to-date surgical department in the whole of

Europe. It took on board the ideas that I had learned during my visit with Lister and went beyond them, with a concept not simply of “antisepsis” but of *asepsis*, involving major innovations, such as systematic disinfection of hands and instruments using carbolic soap, and the use of surgical masks, and the silk gloves on which Halstead, to protect the lovely hands of his beloved dressings nurse, improved to develop those which you are still using. The surgical community as a whole drew great inspiration from the way I set up my department: the Mayo brothers and Cushing, to name but a few, came to see. My ideas proved attractive, and I was universally agreed to be one of the fathers of modern digestive surgery: I was the inventor of pyloroplasty and the first to suture a perforated gastric ulcer. Nor did I overlook your own field of ENT – by no means: my department, considered by some to be the first oncologic surgery department in Europe, laid the foundations of tonsillar and basilingual cancer surgery, post-traumatic rhinoplasty, facial sinus surgery and the treatment of juvenile nasopharyngeal fibroma. If you have still not put a name to me, let me add that a syndrome involving increased salivary and lacrimal gland volume with reduced secretion still bears my name, not to mention the gauze compress I developed to control recalcitrant peroperative bleeding (your “Mick pads” are not named for anyone called Michael!).

But there is an end to all things. In 1904, I diagnosed gastric cancer in myself; I was well placed to do so... A friend performed a laparotomy on me, under ether. But the tumor was unresectable and metastasized. On my return to Breslau, I commissioned my biography, which I published in an author's edition. In one of my last teaching sessions there, I emphasized to my students that “the real test of the physician comes in treating the patient in whom definitive therapy, surgical or otherwise, is impossible”. Shortly before my death in 1905, I declared that I was going “with no regrets, having found respect and happiness in this world”. I very much hope, dear colleagues, that the same is true for you.

Jan von Mikulicz-Radecki (Fig. 1)

DOI of original article: <http://dx.doi.org/10.1016/j.aforl.2014.01.006>.



Fig. 1.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

A. Werner

18, rue de la Ferme, 92200 Neuilly-sur-Seine, France

I. McGill

Place du Plâtre, 69930 Saint-Laurent de Chamousset,
France

O. Laccourreye*

Université Paris-Descartes Sorbonne Paris Cité,
Service d'oto-rhino-laryngologie et de Chirurgie
Cervico-Faciale, Hôpital Européen Georges-Pompidou,
HEGP, AP-HP, 20-40, rue Leblanc, 75015 Paris, France

* Corresponding author. Tel.: +33 1 56 09 34 63.

E-mail address: ollivier.laccourreye@egp.aphp.fr
(O. Laccourreye)